

ER Sheet Data Entry Form

Basic Data

Officer ID No. Details

Service	CSS	Cadre		Sub Cadre		Id No.	will be alerted by CS Division, LNB
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Select List Year (Allot Year)

Name Details

Title	First Name	Middle Name	Sur Name	Initials
Mr.	SAHIDUZ	ZAMAN	HAZARIKA	

CSL No./
SCSL No: (if known)

Sex	<input checked="" type="radio"/> Male	<input type="radio"/> Female	Date of Birth	01.10.1962	Date of Retirement	30.09.2022
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Community

General

Religion

Muslim

Father's Name

MR.NEKIBUZZAMAN HAZARIKA

Birth Details

Birth Place	NAGAON	Birth State/UT	Assam	Nationality	INDIAN
Birth District	NAGAON	Mother Tongue	ASSAMESE		
Domicile	Assam	Physically Handicap Status			
Blood Group	O +ve	Identification Marks	ONE MOLE BELOW THE		

Marital Details

Marital Status	Married	Spouse Name	MRS MONUARA BEGUM
Spouse Nationality	INDIAN		

Joining Details

Source of Recruitment	SELECTION GRADE	Joining Date	27.02.1984	Retirement Details	
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Departmental Examination Details

	Level	Year	Rank
1	UDC-Asst		
2			
3			

Remarks (if any)	
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Language Known

			Read	Write	Speak
Indian Languages Known	1	ASSAMESE	Fluent	Fluent	Fluent
	2	HINDI	Fluent	Limited	Fluent
	3	BENGALI	Fluent	Fluent	Limited
	4				
	5				
Foreign Lang. Known	1	ENGLISH	Fluent	Fluent	Limited
	2				
	3				

Address Details

Permanant Address	ANANDA NAGAR(NEAR POLYTECHNIC) P.O. ITACHALI NAGAON ASSAM		City	NAGAON
	State/UT	Assam	Pin Code	782,003
Present Contact Address	NAGAON DIVISION, BRAHMAPUTRA BOARD,NAGAON		City	NAGAON
	State/UT	Assam	Pin Code	782,003
	Phone (Off)	3,672,254,923	Fax.	3,672,254,923
	Phone(Res)	9,435,433,801	Mob No	9,435,433,801
	E-Mail (Mandatory)	BBRDNAGAON1959@ yahaoo.in		

Qualification (Use extra photocopy sheets for multi qualifications, experience, training, awards details)

Qualification		Discipline		Specialization 1	
PRE-UNIVERSITY					
Year	Division	CGPA		Specialization 2	
1,982	III				
Institution		University		Place	
A.D.P COLLEGE		GUWAHATI UNIVERSITY		GUWAHATI	
				INDIA	

Experience

Type of Posting		Level			
OTHER		Assistant			
Designation		Present Position			
UDC		Regular			
Ministry		Department			
WATER RESOURCES GANGA REJUVANATION		BRAHMAPUTRA BOARD			
Office		Place			
NAGAON DIVISION		NAGAON			
Experience Subject		Period of Posting			
Major		Minor		From	
				To	

Note:-Refer the Annexure to fill above Major, Minor Subjects and below given training subject

Training

Training Year	Training Name		Training Subject		
Level	Institute Name, Place		Field Visit Country	Field Visit Place (within India)	
Sponsoring Authority	Period of Training		Duration	Result	
	From	To	(in Weeks)	<input type="radio"/>	Qualified
				<input type="radio"/>	Not Qualified

Awards/Publications

Type of Activity :		<input type="radio"/> Academic		<input type="radio"/> Non Academic	
Activity Area		Activity Subject		Activity Title	
Day	Month	Year	Activity Description/Remarks		Level

Note: (i) Concerned CSS officer is responsible for the correctness of information sent through ER Sheet proforma.

(ii) Subject to verification by the concerned administrative authorities.

Date : _____ Place : _____

Information checked and verified - by _____



Signature of Officer

Section Officer		Ministry/Department	
E-mail Id		Room No.	Building Name :
Phone No.		Wing No.	